

## Town of Reading 16 Lowell Street Reading, MA 01867-2683

**HEALTH** 

Phone: (781) 942-9061 Fax: (781) 942-9071

Website: www.readingma.gov

## Food Establishment Permit Application Permit Fee: See Application Item #22 – due by December 15 for Annual Permits

Please include the following with your application	1011	
☐ Worker's Comp Insurance Certificate	□ Choke Saver Certificate ( <i>if applicable</i> )	
□ Certified Food Manager Certificate	□ Check payable to Town of Reading	
□ Allergen Awareness Certificate	1 1	
- Imeigen it was eness ceremicate		
1) Establishment Name:		
2) Establishment Adduses.		
2) Establishment Address:		
3) Establishment Mailing Address (if different):		
(1 care and 1 care)		
4) Establishment Telephone No.	5) Establishment Fax No:	
4) Establishment Telephone No:	5) Establishment Fax No.	
6) Email:		
7) Owner Name & Title:		
8) Owner Home Address:		
(a) (b) (1.101 1.2011 0.55)		
9) Owner Telephone No:	10) 24 Hour Emongonor No.	
9) Owner Telephone No:	10) 24 Hour Emergency No:	
11) Establishment Owned By:   Association   Corporation	ation □ Individual □ Partnership □ Other, specify:	
12) If a corporation or partnership, give name, title and home address of officers or partner.		
Name Title	Home Address	
- <u></u>		
13) Person Directly Responsible for Daily Operations (O	wner, Person in Charge, Supervisor, Manager, etc.)	
Name & Title:		
Emergency Telephone No:		
14) Name of Person Certified in Food Protection Management (all food establishments):		
15) Danson Tueined in Anti Chaling Due of June (1825 -	sots on money - Ves - No - Not Applicable	
15) Person Trained in Anti-Choking Procedures (if 25 seats or more): ☐ Yes ☐ No ☐ Not Applicable		

16) District or Regional Supervis	or (if applicable)	
Name & Title:		
Address:		
Telephone No:		Fax:
17) Water Source: DEP Public Water Supply N	o: (if applicable)	18) Sewage Disposal
19) Days & Hours of Operation	от (п пррисцове)	20) No. of Food Employees
21) Length of Permit:	22) Establishment Type (check all that apply)	20) Not of 1 ood Employees
(check one)  □ Annual □ Seasonal Dates	<ul> <li>□ Non-Profit Permits \$0</li> <li>□ Annual: 0-50 seats \$100</li> <li>□ Annual: 51-100 seats \$150</li> </ul>	<ul> <li>□ Temporary \$25 (waived non-profit)</li> <li>□ Seasonal: Fixed \$50 + \$25 for ea. addit.</li> <li>□ Seasonal: Mobile \$75 + \$25 for ea. addit.</li> </ul>
☐ Temporary/Dates/Time:	<ul> <li>□ Annual: 100+ seats \$200</li> <li>□ Annual: add catering, add \$25</li> <li>□ Annual: catering only \$100</li> </ul>	<ul> <li>□ Seasonal: Farmer's Market \$0</li> <li>□ Annual Retail Food: 0-9,000 sq. ft. \$100</li> <li>□ Annual Retail Food: 9001-30,000 sq. ft. \$150</li> </ul>
	<ul> <li>□ Annual: frozen dessert, add \$40</li> <li>□ Annual: Incidental \$25</li> <li>LATE FEE \$50 PER DAY</li> </ul>	<ul> <li>□ Annual Retail Food: 30,000+ sq. ft. \$350</li> <li>□ Annual Residential Kitchen (including B&amp;B and continental breakfast) \$25</li> </ul>
23) Location: (check one)  Permanent Structure	Other (Describe)	To be completed by the Board of Health
□ Mobile		Total Permit Fee: Payment is due with application
Non	nitions: PHF – potentially hazardous food (time/ter- PHFs – non-potentially hazardous food (no time/ter- E – ready-to-eat foods (Ex. Sandwiches, salads, muff	mperature controls required)
☐ Sale of Commercially Pre- Packaged Non-PHFs	□ PHF Cooked To Order	☐ Hot PHF Cooked and Cooled or Hot Held for More than a Single Meal Service.
☐ Sale of Commercially Pre- Packaged PHFs	□ Preparation of PHFs for Hot & Cold Holding for Single Meal Service	□ PHF and RTE Food Prepared For Highly Susceptible Population Facility
□ Delivery of Packaged PHFs	☐ Sale of Raw Animal Foods Intended to be prepared by Consumer.	□ Vacuum Packaging/Cook Chill
□ Reheating of Commercially Processed Foods for Service within 4 hours	□ Customer Self-Service	☐ Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
□ Customer Self-Service of Non-PHF & Non-Perishable Foods Only	☐ Ice Manufactured and Packaged for Retail Sale	□ Offers Raw or Undercooked Food of Animal Origin.
□ Preparation of Non-PHFs	<ul> <li>□ Juice Manufactured and Packaged For Retail Sale</li> </ul>	□ Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (Describe)	□ Offers RTE PHF in Bulk Quantities	<ul> <li>Retail Sale of Salvage, Out-of-date or Reconditioned Food</li> </ul>
	00 and all other applicable law. I have been instruc	tion and I affirm that the food establishment operation ted by the Board of Health on how to obtain copies of
25) Signature of Applicant:		
Pursuant to MGL Ch. 62C, sec. 4 tax returns and paid state taxes in		o my best knowledge and belief, have filed all the state
26) Social Security Number of F	ederal ID:	
27) Signature of Individual or C	orporate Name:	